

DOCTOR IN THE HOUSE:
MEDICINE AND PRIVATE MORALITY
IN FRANCE, 1800-1850

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Medical literature provides one of the richest and, as yet, least tapped sources of information on the moral attitudes of nineteenth-century France. For the student of women's history this literature is of special interest; it documents the process by which the medical profession, in its attempt to win respectability, sustained and strengthened the old myths of female inferiority. Though not discounting the significance of scientific and social forces, the purpose of this paper is to examine the too-often underestimated role played by prescriptive medical works in the growth of the Frenchman's "faith" in medicine.

In the first half of the nineteenth century the French doctor's record of triumphing over disease was not in itself sufficient to establish the credibility of medical science. Able to offer his patients few tangible benefits he could only make himself an indispensable fixture of bourgeois society by becoming, in addition to its medical consultant, its moral counsellor and confessor. Whether or not one went to a doctor was therefore as much a question of one's mental state as of one's financial ability.

In what follows I will use medical publications to show that it was the physicians' opinion that the crucial factor in winning the confidence of the bourgeois *pere de famille* lay in convincing him that they could provide the advice necessary to assure the moral health of the household. To attract the attention of men impatient with the spiritually inspired moral injunctions of the clergy, they elaborated a morality of moderation based on utility. To allay the fears of the patriarch, resentful of the intrusion of any outsider in his private affairs, they declared that their discreet ministrations could better ensure the order and tranquility of the family than the priest's had ever done. To win the confidence of the husband and father they demonstrated that in addition to establishing scientifically the inferiority of women and the legitimacy of traditional sex roles, medicine promised to increase the sexual prerogatives of the male.

When nineteenth-century observers declared "the doctor is replacing the priest" they were almost always referring to the new role assumed by medicine on that terrain previously dominated by the dictates of religion — the area of sex and the family. The following statement by Dr. Francois Foy (1793-1867), chief pharmacist at the St. Louis hospital in Paris, was typical of the frequent, fervent, unabashed

claims of preeminence made by the medical profession in questions relating to the family and marriage.

In fact, who will state the age, the physical and moral development, the temperament, the constitution, all the conditions in a word, indispensable to the accomplishment of the marriage, to the maintenance of it, without health being troubled by it, life diminished, morality offended? The doctor. Who will discover hereditary or other diseases, the vices of constitution capable of rendering the marriage impossible or not? Again, the doctor. Who will bring to a family divided by a disease acquired or given, by a suspected pregnancy, by an invincible repulsion etc. the calm and happiness which previously reigned so completely and which doubt, jealousy, ignorance, have alone troubled? Still the doctor.¹

Jean Cruveilhier, professor of pathological anatomy at the Faculty of Medicine at Paris, impressed upon his students in similar words the heavy responsibilities of the ministry they were about to undertake.

The doctor is the most intimate confidant of families; before him all the veils of private life fall; it is to him that one reveals the sorrow of the soul, so frequently a source of bodily ills, and on which he knows to apply a consoling balm. . . . How many times does the doctor prevent the awful crime which results in death to hide the fault that results in life! . . . Every day the doctor, by his wise counsels, reconciles divided families, prevents scandalous ruptures, helps with his credit, with his interventions, and even with his purse, his clients in misfortune; because, gentlemen, our patients become our friends, friends all the more dear the more unfortunate they are.²

The advice that the patient received from his doctor for the maintenance of the moral health and happiness of his family was in all likelihood not markedly different from that which the Church had provided — "moderation in all things." The only difference was that by presenting it as a natural law rather than as a religious injunction the doctor had made it acceptable to enlightened Frenchmen.

The interest the French physician took in the sexual activities of his patients was not unwarranted. His ability to penetrate into the most intimate areas of personal behavior was of immense symbolic significance. It was a dramatic demonstration of the confidence in which he was held by the patient. Such confidence was not easily won. The medical literature of the early decades of the nineteenth century is of particular interest in that it makes it clear that doctors were convinced that their success, like the priests', in gaining entrée to the French family turned on bringing first the woman and then through her the child and the husband under their sway.³ Doctors and laymen assumed that women having frailer constitutions and condemned to the illnesses associated with childbirth would provide the basis for the doctor's practice.

Medical science was thus used to substantiate rather than to challenge old sexual stereotypes. The Church had always presented the woman as a morally weaker creature; the medical profession was now providing evidence that she was not only physically inferior to man but congenitally defective. She was found to be a small, weak, frail being. Her bones and muscles were underdeveloped. Her nerves were oversensitive and her brain undersized. Her head, with its dominant "attractive

faculties" was, according to the phrenologists, ill-formed. Her nature, declared the psychologists, was lymphatic and childish. All these failings were, however, only secondary manifestations; the source of all woman's ills was her procreative function. Man was occasionally influenced by his sexual needs; woman was continually inconvenienced.⁴ She was a permanent invalid.

... the happy moments of women are so rare and so short that one must leave them all their illusions in this regard, and it would be cruel to tarnish them by the image of pain. ... she seems destined to pain; thus sufferings to be formed, sufferings every month, sufferings to become a woman, sufferings to become a mother, sufferings when she can no longer be one, sufferings, always and often peril.⁵

This lurid picture of the unclean, unhealthy, unhappy female seized the imaginations of contemporaries. Michelet described her in the chapter of *L'Amour* entitled "La femme est une malade" as humiliated by nature and tyrannized by her physical needs.⁶ In the words of Vigny she was, "La femme, enfant malade et douze fois impure!"

In portraying a woman's health in such an alarming light doctors were reflecting the traditional belief in female inferiority, but they were also building up an argument to break the resistance of husbands opposed to their entry into the household. They did not hide the fact that their ambition, like the priests', was to interpose themselves between the husband and the wife.

We only advise them [women] to remedy promptly the dispositions of their sex and to hide them as much as possible from their husbands, not out of a lack of confidence which they owe them, but to leave them in ignorance of a multitude of little infirmities to which women are subjected. If I were a woman, said Dr. Tanchou, my husband would be the last one to know of my particular indispositions; only my doctor, other than my mother, would be informed of them. ... Because of this, the first thing that she must do, after marriage, is to choose a doctor; it is the most important act of her life after the choice of a husband ... he [the doctor] is the only man from whom she can hide nothing.⁸

The notion that the doctor by becoming the family counselor and, in particular, the confidant of the wife, was replacing the priest was expressed by numerous nineteenth-century commentators. The doctor offered his female patients consolations and encouragements which Thouvenel, physician and deputy during the July Monarchy, described as "la médecine morale."⁸ Louis Huart declared, "The lady's doctor has in our days replaced the confessor; and he has gone further than the confessor, because he is the sovereign director of the soul and body of his client."⁹ Michelet reflected the contemporary belief that the ambitions of the two professions necessarily overlapped when he used the analogy with the doctor to describe the priest's control of the woman.

A great power, to be so necessary, always called, desired! to hold the two threads of hope and of terror, who draws the soul at will. Troubled, he calms her, and calm, he agitates her; she weakens little by little, and the doctor is stronger, he senses it, he enjoys it. ... There is for the one to whom all natural enjoyment is forbidden, a somber happiness, a sickly sensuality to exercise this power, to cause the ebb and flow, to desolate in order to console, to wound, to cure, and wound again.¹⁰

The hostility of the bourgeois husband toward the confessor who used the woman to penetrate into the innermost recesses of family life had become, by the nineteenth century, a commonplace. As the doctor increased his powers the question was raised whether he would prove equally intrusive. The husband naturally feared the one man who could legitimately take the greatest liberties with his wife. As early as 1708 Phillippe Hecquet, the prolific medical writer, in *L'Indecence aux hommes d'accoucher les femmes* had condemned the temerity of doctors and declared that the death of the woman was preferable to cures humiliating to nature and dangerous to virtue.¹¹ The idea that the woman and the doctor had a symbiotic relationship, that they conspired to permit her to avoid both the demands of nature and her husband, exercised the imaginations of generations of male writers. Rousseau was convinced that such intrigues were common. "The league of women and doctors has appeared to me to be one of the strangest peculiarities of Paris. It is through women that doctors acquire their reputations and it is through doctors that women have their way. One is quite rightly fearful of the sort of skillfulness that a doctor needs in Paris in order to become celebrated."¹² But what could the husband do? It was the woman who chose the doctor, said Balzac, and the doctor, knowing instinctively that his reputation could be made or broken by the wife, sought to please her. If she wanted to avoid her conjugal duty the physician could be relied upon to find an excuse. "A doctor puts you back into the conjugal bed when it is necessary, for the same reasons that he used to chase you out of it."¹³ Huart agreed; a doctor would not expose a woman who was using "une bonne petite maladie nerveuse" to get her own way.¹⁴ In the face of such an alliance, grumbled Michelet, the husband was helpless. "If the doctor orders it, the wife modestly lowers her head, and she resigns herself to it. If it is the husband who prays and begs, she blushes, she becomes indignant."¹⁵

Michelet's comments are especially revealing. No man was better known in France for campaigning against the interference of the confessor in family life. He was, moreover, convinced of the benefits of medical science. But now he was discovering, to his obvious embarrassment, that the doctor was assuming the position from which the priest had just been dislodged.

Our doctors are a class of extremely enlightened men, and, as far as I am concerned, the first in France, without comparison. . . . But after all, their rough masculine education in the school and the hospital, their severe surgical initiation, one of the glories of the country, all these qualities lead here to a grave problem. They extinguish in them the fine sensibility which alone can perceive, which can pierce, divine, the female mystery.¹⁶

This mystery was to remain the special province of the husband while any physical ills could be attended to, Michelet suggested in a chapter of *La Femme* entitled "Puissances médicaux de la femme," by women.¹⁷ The austere utopian socialist Etienne Cabet supported a similar idea of medical segregation; male doctors for men and female for women.¹⁸

The suspicion of the doctor/female-patient relationship never completely disappeared but it remained a minor theme because the medical profession provided

appeared but it remained a minor theme because the medical profession provided abundant proof that its activities in no way menaced either the existing family structure or traditional sex roles. Doctors demonstrated that medical science could provide a host of modern utilitarian arguments to support customary social and sexual mores. The "medical morality" was to be as good as, if not better than, religious morality in inculcating acceptable social behavior. For example, the father whose sons were tempted by "vicious habits" was told by the doctor that in the modern age the injunctions of medicine were far more impressive than those of the Church. "Assuredly, against an evil which depends on the will, the means of persuasion must be considered as the most efficacious. The fear of God, when it really and powerfully exists, suffices; but how rare it is! The fear of death and disease is often shown to be more coercive. . . ." ¹⁹ Dr. Philippe Ricord, the most famous investigator of venereal disease of the mid-nineteenth century, reported that his duties included assisting father in instilling just such fears in their sons. "One knows that many fathers regard as a complement to moral education a visit to a venereal hospital, where they can say to a son who is about to make his entry into the world: 'Look, and if you do not fear God, fear the pox'." ²⁰ The fear harbored by some husbands that through the activities of the doctor their wives might free themselves from their conjugal duties was also allayed. The doctor provided proof of female inferiority while showing how such weaknesses could be turned to the account of family stability, he defended the prerogatives of the male in the sex act, and most dramatic of all, he offered the husband the power of controlling procreation.

A Frenchman who perused any of the popular medical texts produced in the first half of the nineteenth century would put down the volume with his belief in male superiority agreeably reinvigorated. The woman's procreative function, he was informed, doomed her to a half-healthy existence that began at puberty and required the constant control and guidance of a male. The appearance of menstruation was a sign to the *père de famille* that his vigilance was necessary if his daughter's first sexual crisis was not to end in tragedy. He was warned that his daughter should be withdrawn from the *pensionnat* at once for if she remained her companions would inevitably initiate her into the vice of masturbation. ²¹ Many doctors believed that girls were as much given to "self-abuse" as were boys. J. J. Virey, a producer of many works of "littérature médicophilosophique," claimed that the weaker sex was more devoted to the practice for the very reason that it was less closely watched. ²² Dr. Louis Seraine, who wrote a number of popular sex manuals, felt the female habit, because of its prevalence, warranted a specific appellation, "clitorisme". ²³ The danger of female masturbation was that it could arouse an appetite for sensual pleasures that later legitimate intercourse would not satisfy. Similarly, doctors warned parents against permitting their daughters to read romantic novels or to view erotic plays; the drab reality of married life, brought into sudden contrast with such dreams could result in hysteria. ²⁴ The young girl was thus best served by the father who restricted her to a calm

and sequestered life which occupied her mind and exhausted her body. The reading of history was useful, advised Lachaise, to enervate the more passionate natures.²⁵ The purpose behind all these stratagems was not to destroy all female sexual feeling: it was to permit what society found tolerable, no more, no less. Accordingly if a girl developed slowly a father was advised on how he might best prepare her for the marriage market.

A directly opposite plan should be adopted for girls who, though arrived at the nubile stage, are cold, apathetic, and indifferent; and, it is to such only that the culture of fine arts, the frequenting of balls, of theatres, of crowded assemblies, and even the reading of certain imaginative works and romances, will not be hurtful, and might even prove useful in exciting their sensibility, and thus inviting the menstrual exhalation.²⁶

The very fact that the woman was subjected to a regular menstrual cycle was, declared doctors, proof that she lacked that complete freedom that was the true mark of humanity. The cycle was a subject of active investigation in the 1830s. The old idea, retained by Dr. Roussel, that it was not natural but caused by the intemperance and lasciviousness of women was losing official backing. Similarly the belief that the cycle was directly related to the phases of the moon, as were the tides was less frequently expressed.²⁷ Nevertheless the conviction that it was symptomatic of woman's proximity to the lower animals, that like them she was in rut during the menstrual period, was not shaken off. Even after Pouchet's pioneering work in the 1840s, the myth carried on. Though Pouchet understood the process of ovulation, his inference — that a woman was most fertile for the week before and after her period — was completely wrong.²⁸ The fact that his "schedule" was accepted and retained for the next fifty years, despite mounting contradictory evidence must be attributed to the fact that his theory comfortably supported preconceived notions.

The woman's period was a repeated reminder of her physical incapacity. At such times she was no longer a simple *malade* but a *blessée*. For ten days before and after her *crise* she, who was not as rational as man at the best of times, slipped even further back toward the irrational world of the child.²⁹ Here was a constant reminder of the husband's duty firmly but gently to retain the role, which could never be seriously assumed by his incapacitated mate, of head of the household.

Menstruation was not, however, to be viewed as simply a distasteful aspect of the female's biological life; doctors told their male readers that it was a natural function, the understanding of which could strengthen the family structure. Michelet understood the lesson that contemporary medical men were trying to teach the layman. Man had no divisions in his life; woman's life went on and on in a charmingly predictable cycle. "Everything is poetry in the woman, but especially this rhythmic life, harmonized in regular periods, as though stressed by nature." By observing and analyzing this rhythm, the physician had given the husband more discreet but more powerful means by which to control his spouse. Indeed his knowledge of his wife's cycle permitted him to control her psychologi-

cally as well as physically. "The fertilization of the soul, as much as that of the body, requires that one do nothing except at the most favorable moments."³⁰

According to the medical manuals, once a young woman had reached sexual maturity she had to marry, not simply because as a physically, economically, and intellectually weak creature she was likely to perish if on her own, but because her constitution could only support the demands placed upon it if its natural function — child-bearing — were fulfilled. Underlying the reiterated statement that the female only fully flowered in marriage was the belief that the husband provided the wife with some of his excess "life force." Victor Hugo expressed this idea most clearly and crudely: "Man has received from Nature a key with which he rewinds his wife every twenty-four hours."³¹ Doctors provided a medical explanation for this old notion by declaring that a woman needed a man's "vital fluid" if her own constitution was to be complete. "It is thus certain that the masculine sperm impregnates the organization of the woman, that it enlivens all its functions and heats them, that it gives more expansion and activity to her economy, that she feels better, at least if the excess of enjoyment does not enervate her."³² Lachaise and Lalonde were somewhat more cautious in attributing specific chemical qualities to semen but their interpretation of the therapeutic function of marriage was not radically different.³³ Marriage, by uniting a man, who had an excess of energy, with a woman, who had a deficit, was nature's way of reestablishing the equilibrium of human society.

Since woman received "energy" in marriage while man lost it, it was not surprising that doctors should prescribe marriage as a cure for a variety of female ills. Contenance was declared to be the root cause of a host of female complaints, of which hysteria was only the most famous.³⁴ Lachaise wrote that he knew of cases in which a state of hysteria had been brought to an abrupt end by a simple offer of marriage. Dargir referred to it as "the best of all purgatives to chase away their [women's] bad moods."³⁵ Gustave Le Bon, writing in the 1860s, reported that doctors were still prescribing marriage and child-bearing as cures for hysteria and uterine problems; the consequences were often disastrous.³⁶ Most doctors passed over such mishaps in silence while ridiculing the childless woman as "un non-sens dans la nature."

Having provided an explanation of the physical and psychic workings of the female doctors proceeded to advise the male on how he could, in responding to her demands, best preserve his health. Because they gave new life to the cherished notion that in the sexual act two distinct roles were played — men gave and women took — they had also to deal with the old questions: Did women experience the same feelings as their mates, and if their satisfaction was any less did this constitute a legitimate complaint? The doctors' answers were obviously designed to assuage the fears of the male who had any doubts as to the competence of his performance. He was informed that he should ignore any female complaints of dissatisfaction; medical science had established that women were constitutionally unable to achieve the same pleasure as men. They did not expend as much energy

in the act and it was thus natural, declared Buchez and Roux, that they should not reap the same benefits. "Coition is infinitely less fatiguing for them than for man, they can more impudently repeat it. . . . But their passions are not the less lively and their efforts are often the more damaging in that they are less satisfied: love is more frequently a cause of madness of women than of men."³⁷ C. Lachaise stated, ". . . a rather large number [of women] only feebly experience pleasure, and none in the ordinary state, feel toward the end of the act this kind of convulsive spasm which terminates it for us."³⁸

Given the fact that women did not experience the same satisfaction and were not debilitated by the sexual act, a problem could arise if, in a futile effort to achieve fulfillment, they should push their spouses to sexual excesses. The question of "excesses" revealed the medical profession's totally schizophrenic portrayal of female sexuality. In discussing the nature of such dangers doctors developed the concept of what has been described as a "spermatic economy."³⁹ The man's capital — his vital fluid — deposited in his "bourses" had to be expended prudently. Excessive expenditures could result in moral and physical bankruptcy. "To diminish the sum of our pains as of our joys," wrote Virey, "is to slow the expenditures of life and economize our years."⁴⁰ In this bourgeois melodrama the woman appeared in the role of the profligate dependent who posed the danger of completely undermining her husband's corporeal economy by her extravagant demands. This fear of the woman was not new. The classic account of sexual mores written by Nicolas Vennette in the seventeenth century and frequently reprinted in the nineteenth, cautioned the husband against a wife's insatiable claims which could lead to a premature senility.⁴¹ Dargir held up to abuse those wives who were guilty "of having wasted the health of their husbands and of having hastened their days by their extravagant appetites."⁴² In the late eighteenth and early nineteenth centuries, doctors were providing medical justifications for such fears. A woman, stated Virey, gave man life by her cares but could kill him with her demands: ". . . either she prefers our conservation to her pleasures or she seeks her ecstasy at the price of our life."⁴³

The picture that doctors presented of women's sexual appetites must have struck many readers as frightening. A man was held back from intemperance and debauchery, said the "normalien" V. Parisot, by his physical limitations; a woman only by her modesty.⁴⁴ Some doctors listed breast cancer, hysteria and a variety of other ills as a consequence of *nymphomanie*, *fureur utérine*, and *érotomanie* but others declared that women had nothing to fear from the sexual excesses of a monogamous relationship. And no matter what ills the wife suffered they could not approximate in gravity those of the husband. He was the one who lost the *fluid précieux* and accompanying nervous energy. He was the one who experienced sadness after coition: ". . . it is a foretaste of destruction in past pleasure, but especially in that which transmits the gift of existence. Every animal after coition has given with effort a portion of his life, the rest is the part of death."⁴⁵ The image drawn by the doctor of the voracious female provided additional reasons

why the husband had to control both himself and his spouse. When it is recalled that the doctor advised the man to marry a girl several years younger than himself – Foy suggested ten to twelve years younger – it is easier to understand why the medical profession's counsels of moderation would be appreciated. The husband who restricted himself to the limitations laid down by the doctor could consider himself not weak but prudent; the husband who exceeded them could consider himself a prodigy.

The doctor not only advised men how they might most effectively husband their physical energies; by the 1840s some physicians were publicly advising them on how to limit the size of their families. Family planning, which in the eighteenth century was generally associated only with the aristocracy, was by 1833 so widely practiced by the bourgeoisie that Bazin could write, "... the bourgeois of Paris has children. He has two, no more: a girl and a boy. It was what he wanted and 'he stopped there.' It is a phrase that he repeats often and one to which his wife has finally accustomed herself."⁴⁶ But a man did not have to seek advice from his doctor on contraceptive measures. He had only to read Genesis 28 to find a description of the oldest and most successful method – *coitus interruptus* or as it was still known in the nineteenth century, onanism. The frequently republished works of Nicolas Venette also alluded to "positions" – which presumably included nongenital variants – that precluded procreation.

Nature has taught to one and to the other sex the permitted positions, and the ones that contribute to generation, and experience has shown the ones which are forbidden and are contrary to health. . . . But again [in one of these forbidden positions] generation is thus prevented because the matter that we communicate to a woman is never well received in the place that nature has destined for this use.⁴⁷

Venette noted that women were especially attracted to such *manuevres* but he attributed such penchants to their concupiscence rather than to a desire to avoid conception.

Prostitution was also acknowledged by some doctors as an institution that permitted in an indirect fashion a form of family planning. After a man had fathered the desired number of legitimate children he could decide to lead a chaste conjugal life while seeking sexual satisfaction outside of the home. Dr. H. Thulié was to declare later in the century that such a solution was not uncommon. "And as nature does not lose its rights, the male goes expending his life at all the cross-roads of venereal love; it is still cheaper than domestic and virtuous pleasure."⁴⁸ From the prostitute the male learned of the use of the condom. When its utility was discussed in the early nineteenth century it was almost always in terms of its value in permitting the man to avoid disease, not as a means of the woman avoiding conception. Thus doctors who refused to discuss contraception as immoral could talk about prophylactic devices as necessary evils. "It is a means that the final cause of all legal sexual intercourse repulses, that morality has had always to blame, but which certain circumstances and necessity sometimes make tolerable, I mean, the condom."⁴⁹ And while domestic sexuality was always discussed by doctors

in the gravest tones, they permitted themselves some levity when referring to an instrument of casual liaisons. "A poor umbrella that the storm can break or displace, and which, in all cases, guarantees one rather poorly from the rain, and does not prevent the feet from getting wet."⁵⁰ In *Nouveaux éléments d'hygiène* (1827) Charles Londe provided one of the medical profession's earliest defenses of the condom as a hygienic device. "The sale of condoms is not general enough; this precious preservative that religion can blame since it facilitates the pleasures that it reproves, cannot be praised highly enough by hygiene. It should be sold in all the small as in all the large cities: one should find it stocked by all pharmacists."⁵¹ Londe reported that in the 1820s the *redingote anglaise* could be purchased at the gallery of the Palais Royal at the "marchands de taffetas ciré." It was eventually appreciated that it was the most effective form of contraceptive but its price restricted its use throughout the century. In 1885 Dartigues stated, "The people have only a rough idea of the use of this envelope invented by Doctor Condom and which has retained his name. Among the rich, on the other hand, the use of the condom is wide spread."⁵²

As long as birth control was achieved by abstinence, *coitus interruptus*, or even the use of a condom it lay outside the jurisdiction of medicine. Doctors did warn their patients against the sexual excesses that might occur if the woman was freed of the fear of child bearing; many attacked *coitus interruptus* as conjugal masturbation and attributed to it all the horrid consequences of self-abuse. Until the 1840s, however, the doctor had little to say about such habits that had not been said much earlier by the priest.

It was the appearance in the 1840s of several important studies of reproduction that permitted doctors to assume the role of specially qualified commentators in the Malthusian debate that so preoccupied nineteenth-century France. As Adam Raciborski, the eminent medical scientist, explained in *De la puberté et de l'âge critique chez la femme* (1844), the increased number of women in hospitals was allowing doctors to plot accurately for the first time the menstrual cycle.⁵³ As noted above, the woman's cycle had traditionally been viewed as related to her fertility but the relationship had not been explained scientifically. It was acknowledged that animals were able to conceive only at certain times of the year; the question was posed whether humans were similarly restricted. In the 1840s Pouchet and Raciborski sought to provide an answer to this problem by elaborating their theory of spontaneous ovulation.⁵⁴ It had previously been believed that the sperm forced its way into the ovary, chose an egg, fertilized it and by so doing caused it to descend. This theory had the obvious appeal that it endowed man with a freedom not enjoyed by the lower animals; the human female could be impregnated at any time. Pouchet and Raciborski argued, on the basis of their observations, however, that ovulation was spontaneous, that the egg descended independently and that fertilization, if it was to occur, could take place only at the particular time of the month when ovulation took place. Now in fact the schedule they established was totally wrong – they stated that a woman's fertile

period occurred the days just before, during, and after menstruation – but this did not alter the fact that the French reading public was told that a “natural” means of controlling conception has been discovered. Raciborski declared, “Our honorable readers will not fail to appreciate the importance of these conclusions, nor the influence that they can exercise on society from both the moral and economic point of view.”⁵⁵

The theory of spontaneous ovulation and its corollary, the rhythm method of birth control, were very quickly brought to the attention of a large reading public through the vulgarizing activities of Auguste Debay. In *Histoire des métamorphoses humaines* (1845) he announced the discovery of this new means of contraception.

... spouses who wish to procreate must choose the four days which precede the menstrual flow or the four days which follow: spouses whose intention is not to have children will meet only after these periods. If the latter means were generally known and practiced by women, it would avoid many torments, many bitter sorrows, it would prevent many terrible consequences.⁵⁶

The discovery of the rhythm method was a godsend, for it permitted doctors to extend legitimately their claims of expertise to include the most intimate area of human life. This is not to say that the majority of doctors now publicly defended birth control. Most did not, though what they said in the privacy of their offices is open to speculation.

What is of particular interest is the way in which those doctors who did defend birth control used this apparent advance in medical knowledge to exalt the pretensions of the profession. Thus, while extolling the rhythm method, they denigrated all other types of contraception as morally and physically dangerous. Their first argument was that it was superior to the withdrawal method because it permitted the action so necessary for the balancing of the couple's biological economy – the transmission of semen. “On the contrary [in *coitus interruptus*] when the function has been interrupted by a previous calculation the erethism persists, accompanied by weakness and fatigue, and especially by a sense of sadness in which we would be tempted to see a phenomenon of the conscience similar to remorse, the first chastisement for a fault committed.”⁵⁷ For an hour after such an act the result was “a collapsed state which holds the husband in a state of a semi-faint.” The woman was even more terribly damaged because her body had been roused to a state to expect, but then was deprived of, “la liqueur fécondante.”⁵⁸ In the words of Francis Devay, “There then takes place what would happen if, showing food to a starving man, one snatched it away from his mouth, after having thus aroused his appetite.” Thankfully the rhythm method permitted one to avoid such tortures: “We see . . . that science can reconcile on this point the legitimate fears of fathers of families with the laws of morality; that conjugal onanism can thus be rendered unnecessary.”⁵⁹

The second argument in favor of the rhythm method was that it was natural and so precluded both excesses and “unnatural” activities. A. Mayer wrote, “For

several years in my practice I have put to profit the knowledge of the law promulgated by M. Pouchet, with a view to turning spouses away from the vicious habits that they have adopted in their sexual activities in order not to increase their family size."⁶⁰ The rhythm method restricted sexual activity to certain periods of the month; the use of either the condom or the withdrawal method could lead to excesses at any time.

The third and most interesting argument in favor of Pouchet's method was that thanks to it, the husband could increase his control over his wife. A recurrent theme in the discussion of birth control was the fear that it would permit the woman to give free rein to her sensual desires. If the husband introduced his wife to the use of the douche, the condom or even the withdrawal method, he was demonstrating to her how conception could be avoided. The bedroom became in the words of J. P. Dartigues an "école de démoralization" in which the shortsighted husband taught his wife how she could commit adultery without fear of detection. Such husbands "... commit the stupid blunder to teaching them, on the spot, the shameful refinements of lubricity. . . [they] naturally end up by putting into practice, in their turn, with other men, the lessons that they have received from their husbands."⁶¹ The husband who had revealed such secrets to his wife could no longer trust her. "... the woman will remember, if ever her virtue is about to succumb, the lessons that she received in order to fool nature and assure her impunity, while odiously violating conjugal faith, this guardian of society."⁶²

All forms of birth control would presumably provide the woman with some dangerous insights into the workings of her own body. The argument in favor of the rhythm method was based on the rather shaky premise that it maintained much of the mystery of the sexual act. Indeed the suggestion seemed to be made that the cunning husband could keep his wife in complete ignorance of the fact that they were practicing family planning. Both procreation and contraception could continue to be the sole responsibilities of the man; the woman would remain a simple accomplice.⁶³

We have seen how in the first half of the nineteenth century the French medical profession elaborated a complex argument to win the respect and confidence of bourgeois society. The doctor, in seeking to establish the status of his calling on a level equivalent to that of the Church and the bar, found himself, consciously or unconsciously, assuming the role of counselor and confessor. He advanced a morality of moderation based on utility that challenged religious precepts. He promised to preserve the order and tranquility of the bourgeois household better than the priest had ever done. He assured the husband that the physician's access to the female, far from upsetting traditional mores, would increase the prerogatives of the male. He discussed birth control as the logical and final expression of medical science's ability to control the forces of both life and death. The advocacy of contraception, even by a small number of doctors, had great symbolic value. At

this early date, medical science posed the most radical challenge to the moral teachings of the Catholic Church.⁶⁴

The assumption of the role of sexual censor was, of course, only one example of the general effort of the doctor to establish himself as an equal to the priest. Nevertheless, it provides the clearest example of the medical profession's claiming expertise in a field that was only peripheral to its main responsibilities and for which its specific skills and training were scarcely more sophisticated than the layman's. One of the consequences of the rise of "moral medicine" was the indefinite postponement of an objective analysis of many female complaints. Old sexual myths, now declared to be scientific truths, were given new life.⁶⁵ Women, like workers, continued to be treated as members of the congenitally unhealthy classes whose ills could only be considered worthy of attention when they threatened the smooth functioning of existing society.

It is impossible to measure the effect that the discussion of morality by the medical profession had on public opinion. The popular medical works obviously affected people's ways of thinking, but readers no doubt tended to accept only those ideas that complemented opinions they already held. Doctors in turn devoted themselves to the problems people were already most interested in. They sought to win the confidence of bourgeois society by justifying, on medical grounds, its prejudices and preoccupations. This might have been lamentable, but it was hardly surprising. Doctors were not acting in bad faith; they were simply reflecting the preconceptions of the culture to which they belonged.

NOTES

This article is dedicated to the memory of Pauline Marks, a young English sociologist and feminist, tragically killed in a car crash June 26, 1974.

¹Dr. F. Foy, *Manuel d'hygiène* (Paris: Germer Baillière, 1845), pp. 571-72; and see also J. B. T. Serrurier, *Du mariage considéré dans ses rapports physiques et moraux* (Paris: J.B. Baillière, 1845). For a contrasting view which held that family illnesses had to be seen as messages from God see Mme. de Gasparin, *Le mariage au point de vue chrétienne* (Paris: L.R. Delay, 1843), III, p. 149.

²Jean Cruveilhier, *Des devoirs et de la moralité du médecin* (Paris: J.B. Baillière, 1837), pp. 23-24.

³It was noted by Dr. Aulagnier that both doctors and charlatans focused their attention

on women and children whose chronic ailments, unlike the precipitous diseases of the male, required continual attention. *Nouveau recueil d'observations et de consultations sur les maladies des femmes* (Paris: Gabon, 1821), p. iv. See also P. S. Thouvenel, *Essai sur les devoirs publics et particuliers du médecin* (Paris: J. B. Baillière, 1806), pp. 32ff.

⁴B. J. B. Buchez and U. Trélat, *Précis élémentaire d'hygiène* (Paris: Raymond, 1825), pp. 24ff; see also H. Crosilhes, *Hygiène et maladies des femmes* (Paris: Moquet, 1850), p. 2.

⁵Dr. Desbruères, *Hygiène des femmes* (Paris: Germer Baillière, 1845), pp. xiv, xvi.

⁶Jules Michelet, *L'Amour* (Paris: Charpentier, 1889 [1st edition, 1858]), pp. 52ff.

⁷Desbruères, *Hygiène*, pp. xv, xvii; and see also Dr. M. H. Chomet, *Conseils aux femmes sur leur santé* (Paris: Garnier frères, 1846), p. 5.

⁸Thouvenel, *Essai*, p. 32.

⁹Louis Huart, *Physiologie du médecin* (Paris: Aubert, 1840), p. 78.

¹⁰Jules Michelet, *Du prêtre, de la femme, de la famille* (Paris: Hachette, 1854), p. 245; on the danger of the priest see also Mme. de Casamajor [Emile Barrault], *Pathologie du mariage* (Paris: Comon, 1847), pp. 117-20.

¹¹P. Hecquet, *L'Indécence aux hommes d'accoucher les femmes* (Trevoux: J. Étienne, 1708), pp. 85-86. See also Dehaut, *Les médecins dévoilés* (Paris: Lainé, 1846), p. 21 for an attack on doctors' attempts to replace midwives. On the general danger of the doctor/female-patient relationship see P. Belouino, *La femme: Physiologie, histoire, morale* (Paris: Wailie, 1860), p. 35 and the novel of Edouard Alletz, *Maladies du siècle* (Paris: C. Gosselin, 1835).

¹²J. J. Rousseau, *Emile ou l'éducation in Oeuvres complètes* (Paris: Piéiade, 1971), III, p. 25.

¹³Honoré de Balzac, *Physiologie du mariage* (Paris: Charpentier, 1835), p. 338.

¹⁴Huart, *Physiologie*, p. 78. Roux reported that every *prima donna* had a young doctor who could vouch for the authenticity of her migraine. *Le français*, p. 111.

¹⁵Michelet, *L'Amour*, p. 163.

¹⁶*Ibid.*, p. 222.

¹⁷Jules Michelet, *La femme* (Paris: Charpentier, 1860), pp. 420ff.

¹⁸Étienne Cabet, *Voyage en Icarie* (Paris: J. Mallet, 1842), p. 115.

¹⁹Dr. Ratier, "Onanisme," *Encyclopédie des gens du monde* (Paris: Treuttel et Wurtz, 1844), XVIII, p. 693.

²⁰Philippe Ricord, *Traité pratique des maladies vénériennes* (Paris: Rouvier et Le Bouvier, 1858 [1st edition, 1838]), p. 541.

²¹Colombat de l'Isère, *A Treatise on the Diseases and Special Hygiene of Females*, tr., Ch. Meigs (Philadelphia: Lea and Blanchard, 1845), p. 544. See also Belouino, *La femme*, p. 424; M. Bureau-Riofrey, *Education physique des jeunes filles* (Paris, 1835); Dr. D'Huc, *Hygiène des femmes* (Paris: Rouvier, 1841), p. 32.

²²J. J. Virey, *De la femme* (Paris: Crochard, 1823), p. 96.

²³Dr. Louis Seraine, *De la santé des gens mariés* (Paris: Savy, 1865), p. 26.

²⁴C. Lachaise, *Hygiène physiologique de la femme* (Paris: Méquignon-Marvis, 1825), pp. 30, 118 and see also Dr. P. Roussel, *Système physique et moral de la femme* (Paris: Crapart, 1805), p. 119.

²⁵Lachaise, *Hygiène*, p. 121; cf. M***, *Hygiène des dames* (Paris: Plancher, 1819), pp. 30ff.

²⁶Colombat de l'Isère, *A Treatise*, pp. 544-45. Dr. Audin-Rouvière stated that leeches were even used to hasten menstruation. *L'Oracle de la santé ou l'art de se bien porter* (Paris: Dalaunay, 1829), p. 45.

²⁷Jean Houdaille, *Essai physiologique sur la femme* (Paris, 1820), p. 11. For older views of menstruation see also Nicolas Venette, *La génération de l'homme ou tableau de l'amour conjugal* (Amsterdam: Janssons a Waesberge, 1778), II, pp. 84ff.

²⁸F. A. Pouchet, *Théorie positive de l'ovulation spontanée et de la fécondation* (Paris: J. B. Baillière, 1847), pp. 275ff.

- 29 Crosilhes, *Hygiène*, pp. 5ff.
- 30 Michelet, *L'Amour*, pp. 183, 185.
- 31 Henri Guillemin, *Hugo et la sexualité* (Paris: Gallimard, 1954), p. 13.
- 32 Virey, *Le femme*, p. 98; cf. D'Huc, *Hygiène*, p. 58.
- 33 Lachaise, *Hygiène physiologique*, p. 223; Charles Londe, *Nouveaux éléments d'hygiène* (Paris: J. B. Baillière, 1827), I, pp. 111-12.
- 34 Virey, *Le femme*, pp. 94, 182ff; see also H. Crosilhes, *Le médecin de familles* (Paris: Moquet, 1849), pp. 688ff.
- 35 Dargir, *L'Hymen, réformateur des abus du mariage ou le code conjugal dans l'univers* (Paris, 1756), p. 6.
- 36 Desbruères, *Hygiène des femmes*, p. 16; L. F. E. Bergeret, *Des fraudes dans l'accomplissement des fonctions génératrices* (Paris: J. B. Baillière, 1868); Gustave Le Bon, *Physiologie de la génération de l'homme* (Paris: Lebigre-Duquesne, 1868), p. 154.
- 37 Buchez and Trélat, *Précis*, p. 220; and see also L. Rostan, *Cours élémentaires d'hygiène* (Paris: Béchét, 1822), I, p. 75.
- 38 Lachaise, *Hygiène physiologique*, pp. 240-41; and see also Dr. Léopold Deslandes, *De l'onanisme et des autres abus vénériens* (Paris: A. Lelarge, 1835), p. 50.
- 39 G. J. Barker-Benfield, "The Spermatic Economy: A Nineteenth Century View of Sexuality," *Feminist Studies* 1, no. 1 (1972): 53ff.
- 40 J. J. Virey, *Hygiène philosophique* (Paris: Crochard, 1828), I, p. 58; and see also Dr. Audin-Rouvière, *L'Oracle de la santé*, p. 25; Dr. A. Reinwillier, *Hygiène pratique des femmes* (Paris: Bureaux du "Médecin de la Maison", 1854), p. 63.
- 41 Nicolas Venette, *La génération de l'homme ou tableau de l'amour conjugal*, I, p. 170.
- 42 Dargir, *Hymen*, p. 26.
- 43 Virey, *Le femme*, p. 100; and see also Rostan, *Cours*, II, pp. 323ff; Buchez and Trélat, *Précis*, p. 225; M. Valentin, *Nouveau manuel de santé ou hygiène domestique* (Paris: Au dépôt des nouveaux manuels, 1836), pp. 156-61.
- 44 V. Parisot, *Traité élémentaire de morale ou théorie du devoir et des devoirs* (Paris: St. André des Arts, 1842), p. 130; F. Voisin, *Des causes morales et physiques des maladies mentales* (Paris: J. B. Baillière, 1826), pp. 110ff.
- 45 J. H. Réveillé-Paris, *Physiologie et hygiène des hommes livrés au travaux de l'esprit* (Paris: G. A. Dentu, 1839), II, p. 296; see also J. B. F. Descuret, *La médecine des passions* (Paris: Bechet jeune et Labé, 1841), p. 484; Michel Lévy, *Traité d'hygiène publique et privée* (Paris: J. B. Baillière et fils, 1862), I, pp. 176ff. C. F. Lallemand, *Des pertes seminales involontaires* (Paris: Bechet jeune, 1835-1842), III, pp. 475ff.
- 46 A. Bazin, *L'Epoque sans nom: Esquisse de Paris, 1830-1833* (Paris: C. J. Trouvé, 1833), I, p. 40.
- 47 Venette, *La génération*, I, pp. 305-306. See also the condemnation of certain positions in Père Féline, *Catéchisme des gens mariées* (Paris: J. Lemonnier, 1880 [1st edition Caen, 1782]), p. 7; Dr. J. F. Giraud, *Confidence à une jeune épouse* (Marseille: Baudillon, 1834), pp. 31-33.
- 48 Dr. H. Thulié, *Le femme* (Paris: Delahaye et Lecrosnier, 1885), p. 319.
- 49 Ricord, *Traité pratique*, p. 544.
- 50 Cited by G. J. Witkowski, *La génération humaine* (Paris: J. B. Baillière, 1881), p. 169.
- 51 Londe, *Nouveaux éléments* II, pp. 412-13.
- 52 J. P. Dartigues, *De l'amour expérimentale ou des causes d'adultère chez la femme au XIX^e siècle* (Paris: Litzelmann, 1887), pp. 136-37.
- 53 Raciborski, *De la puberté*, introduction. See also P. Cazeaux, *Traité théorique et pratique de l'art des accouchements* (Paris: Méquignon-Marvis, 1845, 2nd edition) and C. Négrier, *Recherches anatomiques et physiologiques sur les ovaires* (Paris: Béchét jeune et Labé, 1840).
- 54 Pouchet, *Théorie positif de l'ovulation spontanée*, pp. 275ff.

⁵⁵Raciborski, *De la puberté*, p. xii.

⁵⁶Debaye, *Histoire*, p. 422. Debaye's *Histoire des métamorphoses humaines* went through thirteen editions, his *Philosophie du mariage* (Paris: Moquet, 1849) six editions, and his *Hygiène du mariage* (Paris: Moquet, 1848) forty-eight editions. The rhythm method was also publicized by Dr. Alex. Mayer, *Des rapports conjugaux* (Paris: J. B. Baillière, 1849), Dr. Francis Devaye, *Hygiène des familles* (Paris: Labé, 1846), Michel Lévy, *Traité d'hygiène publique et privée* (Paris: J. B. Baillière et fils, 1844), and Dr. Charles Montalban, *La petite bible des jeunes époux* (Paris: Marpon et Flammarion, 1885).

⁵⁷Mayer, *Rapports conjugaux*, p. 142.

⁵⁸*Ibid.*, p. 144; see also Thulié, *La femme*, pp. 319ff and L. E. Bautain, *Philosophie morale* (Paris: Dezobry, E. Magdeleine et Cie, 1842), I, p. 234.

⁵⁹Devaye, *Hygiène des familles*, II, pp. 77-78.

⁶⁰Cited by LeBon, *Physiologie*, p. 180; and see also Montalban, *La petite bible*, p. 102; and Raciborski's critique of Charles Loudon who believed that extended nursing was a natural means of birth control. *De la puberté*, pp. 119-21.

⁶¹Dartigues, *De l'amour*, pp. 123-24.

⁶²Mayer, *Rapports conjugaux*, p. 161.

⁶³"Happily the married woman cannot make herself unfruitful by her own will, she needs the husband as an accomplice: it is the latter who has all the responsibility." J. M. Guyau, *L'Irréligion de l'avenir* (Paris, 1887), p. 283.

⁶⁴"In 1853 Antoine de Salinas, the bishop of Amiens, reported some married persons, 'relying on the opinion of skilled doctors,' were persuaded that there were 'several days each month in which conception by a woman could not take place.' " John T. Noonan, *Contraception: A History of its Treatment by Catholic Theologians and Canonists* (Cambridge, Mass.: Harvard University Press, 1965), pp. 438-39. The Penitentiary's reply was equivocal but it might be noted that the Catholic physician Devay who in 1846 had publicized the rhythm method refused to discuss it in 1858 and instead fell back on the traditional solution of abstinence. *Traité spécial d'hygiène des familles* (Paris: Labé, 1858), pp. 179ff. See also Dr. Jean-Ennemond Dufieux, *Nature et Virginité: Considérations physiologiques sur le célibat religieux* (Paris: Lanier et Cie., 1854), pp. 407ff.

⁶⁵In 1840 the *Journal des femmes* began a column written by a doctor on women's illnesses; such a column was to become a regular feature of almost every publication aimed at a female audience. See Evelyn Sullerot, *Histoire de la presse féminine en France des origines à 1848* (Paris: Colin, 1966), p. 182. By the latter half of the century feminists were attacking the medical arguments of female inferiority. See for example André Léo, *La femme et les mœurs* (Poissy: au journal "Le Droit des femmes," 1869), p. 50 and Adele Esquiros, *L'Amour* (Paris: au auteur, 1860), p. 84. In another paper the response of women to the medical professions' portrayal of their "sickly" state will be examined. For a study of the American case along somewhat similar lines see Ann Douglas Wood, " 'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth Century America," *Journal of Interdisciplinary History* 4 (1973): 25-52.